Behavioral Health Workforce: Administrative Burden

Recommendations for the Colorado Behavioral Healthcare Council

Making the Heavy Lift More Bearable

In behavioral health care, compliance with heavily regulated industry standards falls squarely on the shoulders of those providing direct services to individuals—namely, doctors, clinicians, case managers, technicians, and direct support professionals. This demanding work environment focuses heavily on education, licensure, and training, and for good reasons: the consequences of mistakes can literally be a matter of life or death. However, the responsibilities of documentation can create an undue burden leaving employees feeling detached from clients and resentful with state or federal oversight and data collection.[1] While other industries maintain reasonable expectations for its precious workforce, behavioral health employees have gone far too long without reasonable reform, causing capable workers to become overwhelmed and leave their jobs—or the behavioral health industry altogether.

Processes are duplicated. Between local, state, and federal governing bodies, behavioral health professionals and their clients repeat data collection processes to adhere to a vast and uncoordinated array of requirements. Not only is this duplication a burden on the time and resources of behavioral health professionals, data collection can be re-traumatizing to clients as they repeat their presenting problems multiple times to various professionals.

Admission can be a lengthy process. A 2003 study of substance use disorder treatment programs revealed the average admission processes required 2-4 hours of data collection.[2] Duplication and burden leads to longer admission processes leaving behavioral health professionals less time to provide treatment.

Paperwork fatigue leads to burnout. One of the greatest complaints from counselors is the amount of administrative responsibilities that leads to less time with their clients.[3] A workforce in need of skilled employees cannot afford to lose its precious few existing resources. When administrative processes overwhelm behavioral health professionals, they report greater dissatisfaction at work. 50% of mental health professionals report being dissatisfied with the time required to complete paperwork.[4]

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Workplace Recommendations

Appoint an oversight committee to review current administrative burdens and job responsibilities, compare current workload expectations (goals for such as billable hours) with national standards, and identify areas to gain efficiencies within local and state administrative bodies.

Conduct an internal review to understand where and how data collection occurs through an admission simulation exercise.[5] Consider how information technology can be leveraged to reduce duplication in data collection to support a model of "write once – reuse many times."[6]

Assess and tag employee tasks as essential versus non-essential. Find ways to mitigate non-essential tasks. Develop a task review process to regularly evaluate the significance of essential tasks as industry needs change.[7]

Provide grants and grant assistance for agencies to acquire and integrate technology solutions that reduce the administrative burden of paperwork.

Engage in Clinical Practice Transformation Initiatives by improving workflow efficiencies and focusing on clinical outcomes. Consider opportunities for collaborative documentation, mobile technologies, and other streamlining of clinical documentation.

Policy and Legislative Recommendations

Develop a state-wide administrative efficiencies approach such as those implemented by Michigan and Massachusetts.[8&9] Legislatively required workgroups can identify opportunities for reducing duplicate paperwork, eliminate unnecessary reporting and documentation, and standardized forms. Clinicians and/or programs that demonstrate consistency in their performance on quality, cost, and/or patient experience measures should have the opportunity to receive decreased regulatory and other oversight through transparent and streamlined exception processes.

Choose performance measures carefully. State leaders should carefully consider performance measures and reporting systems to retain, eliminate, or add into legislative initiatives. When advocating for policy and legislative changes, aim for performance measures that focus on outcomes rather than process, minimize unnecessary clinician burden, maximize person-centeredness, and improved access to effective care.[10]

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[5] CHESS/NIATx. (2019). The NIATx Way. A step-by-step guide to running a successful change project. University of Wisconsin-Madison. Retrieved From https://niatx.net/content/contentpage.aspx?NID=40.

[6] Kuhn T, Medical Informatics Committee of the American College of Physicians; Clinical Documentation the 21st Century 2015;162:301-3

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[8] (2019). Michigan Department of Health & Human Services Prepaid Inpatient Health Plans Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency Policy. MDHHS.

[9] (2011). Health Cost Containment and Efficiencies: NCSL Briefs for State Legislators. National Conference of State Legislatures: The Forum for America's Ideas.

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